U.S. Department of Housing and Urban Development

Special Attention of:

Notice PIH 2000-5 (HA)

Public Housing Agencies; Tribally
Designated Housing Entities (THDEs);
Public Housing Directors; Administrators,   Issued: February 15, 2000
Offices of Native American Programs   Expires: February 28, 2001

OMB Approval Number 2577-0211

Cross References: Notice PIH 98-7

Subject: Semi-Annual HUDWEB Data Collection (Reporting) Form Instructions for Public
            Housing Agencies (PHAs) and Indian Housing Authorities (IHAs) selected for
            funding under the PIH Economic Development and Supportive Services Program
            (EDSS).

1.   Purpose. This Notice and the attached user instructions will serve as a guide for
      completing the HUDWeb Data Collection (Reporting) Form. The data collected will
      assist the Department of Housing and Urban Development by measuring the overall
      effectiveness of the Economic Development and Supportive Services (EDSS) program in
      meeting its statutory goals of economic development and self-sufficiency.

2.   Reporting Requirements.

      Each grantee is required to submit to the Department a semi-annual progress report and
      financial status report measuring performance and documenting progress in achieving
      quantifiable program goals in an effort to determine the effectiveness of the EDSS
      program in achieving goals of economic development, self-sufficiency, independent living
      and the prevention of premature or unnecessary institutionalization. Reports are due on a
      semi-annual basis with the December 31 report due at the end of January each year and
      the June 30 report being due at the end of July each year. **Because the procedure of
      using the Internet to submit reports, the deadline for submitting December 31, 1999
      reports is extended from January 31, 2000 to March 17, 2000.**

: Distribution:

3. <u>Accessing the HUDWEB Form/Basic Terms</u>.

A. Steps for accessing the reporting form on the Internet are as follows:

1. Go to a computer that has access to the Internet. (All Comprehensive Grant Agencies have obtained Internet access to file their formula characteristics: if your agency is a Comprehensive Grant agency, you should check with the staff that would have filed the formula characteristics. If you are not a Comprehensive Grant agency and you do not otherwise have Internet access, some good sources for information on how to obtain access would local libraries or educational institutions.

2. Start the Internet browser (Netscape Navigator, Internet Explorer, America Online, etc.).

3. Click the **Open** button. The **Open Location** dialog box appears. (If your browser does not have the Open button, please see the parenthesis in the next step.)

4. Type the following Internet URL address:

http://www.hud.gov/pih/systems/ibs/edss/edss_app.html
(If your browser does not have an "Open" button, it will have a strip that can be filled in just below the icon toolbar at the top of the screen labeled "Address," "Location" or maybe "Page." You can move the mouse arrow into the strip and left click once when the arrow turns into an "I" shape. You should then hit the delete key (and if necessary the backspace key) to delete anything in the fill in strip. You should then type in the URL address listed above and then hit the "Enter" key.

5. Click **Open**. The ED/SS Home Page appears.

6. Click the **<u>ED/SS Application</u>** link. The **<u>Username and Password Required</u>** dialog box appears.

7. Type the 9 digit user id in the "User Name" field. The user id is being sent to all grantees and in most instances will be transmitted with this Notice.

8. Press <**Tab**> to move to the next field.

9. Type the assigned password in the "Password" field. The password is being sent to all grantees and in most instances will be transmitted with this Notice.

10. Click OK. The **Economic Development and Supportive Services (EDSS) Internet Submission System** appears.

B.   Steps for Navigating the EDSS Home Page

1.   Change Password: Allows you to change your password.

2.   New Program Form: Allows you to create a new form submission. This is what you will need to select to send in your semi-annual report.

3.   On-Line Help: Provides these instructions, as well as a complete MS Word version of the form to download.

C.   The reporting form is comprised of seven (7) subparts that are split into two separate web pages. Each section covers areas specific to an Economic Development and Supportive Services Grant as outlined below (please note that detailed instructions for each blank to be filled in are attached to this Notice as well as through clicking on help icons while filling out the report on-line - there is also an example of a sample form included in this package as well as downloadable on the web):

Part 1 - PHA Data
From the **ED/SS Application**, click the **New Program Form** link. The data in this section will be automatically populated by the system at the time that you log on. Verify the HA name and address information is correct. If any of the information is inaccurate, corrections should be submitted by contacting your local HUD Field Office. If all of the information is incorrect or the information refers to another housing authority, there is an error and you should call 1(800)366-6827 for instructions on how to fix the problem before going any further to fill out the form.

Part 2 - PHA Program Submission Type
This section prompts you to identify the grant program type, the grant year, the reporting period, and the grant number. These fields are required.

Part 3 - Program Information
This section prompts you to provide information regarding the grant program director, and to identify the developments targeted by the grant program. Complete all applicable fields noting that required fields are denoted in blue, with an asterisk, and read, **Required Field**. The Program Director's zip code and phone number require numbers.

Part 4 - Program Partner Information
This section prompts you to provide information on your partner entity. The system may accommodate up to eight (8) partner information entries. Choose the **Partner Type** from the drop-down list provided. The default is **None**. If you select **Other**, you must specify the **Type** in the field directly below.

Complete all applicable partner information. Choose the **Primary Role of**

Partner from the drop-down list provided. If you select **Other**, you must specify the **Role** in the field directly below.

Complete the **Leverage Information** section. If you check any of the **Match Types**, you are required to provide the **Proposed Amount** and **Amount Provided to Date**.

Part 5- Participant Information
This section prompts your response to a series of programmatic milestones that may be applicable to your program. You must provide a **yes** or **no** response in the column entitled **Check if Applicable**. If you select **yes**, you will be required to provide information for that milestone where noted.

Part 6 - Resident Employment
This section provides a specific list of resident jobs. You will be prompted for data regarding the number of and the age group designation of residents currently employed (or will be employed) through your program. You must provide a **yes** or **no** response in the column entitled **Check if Applicable**. If you select **yes**, you will be required to provide information for that milestone where noted.

Part 7a - All Resident-Owned Businesses
This section provides a specific list of types of resident-owned businesses. You will be prompted for data regarding the number of businesses to date. For each resident-owned business type listed, you are asked to provide data pertaining to items listed. You must provide a **yes** or **no** response in the column entitled **Check if Applicable**. If you select **yes**, you will be required to provide information for that milestone where noted.

Part 7b - Contracts with Resident-Owned Businesses
This section focuses on the portion of contracts with resident owned businesses that result from contracts specifically with the housing authority. It prompts you for information regarding specific types of contracts that you may currently (or will) have with resident-owned businesses. For each contract type listed, you are asked to provide data pertaining to the items listed. You must provide a **yes** or **no** response in the column entitled **Check if Applicable**. If you select **yes**, you will be required to provide information for that milestone where noted.
General Remarks About Your Program
Provide any general comments pertaining to your grant progress and program status.

D.   Save Options

1.   There are three (3) Save Options available. These options are listed at the top of the form.

a.   Save As Draft (Without Edit Checks): Allows you to save draft

copies of the your report without running any edit checks and without submitting to HUD. Edit checks are double checks that you have properly filled out the form. Edit checks result in messages instructing the person entering data to correct specific areas.

  b. Save With Edit Checks (Validation): Allows you to save draft copies of your report with a list of error messages that would not be allowed if you were trying to submit to HUD.

  c. Submit: Performs full error validation so that you may not save or submit the report to HUD without passing detailed checks on each individual blank on the form.

 E. Basic Terms
  (Some terms excerpted from HUDware II/Microsoft Windows 95)

  1. Mouse (Pointer) - the device attached to your computer that you use to point to, click on, and select objects on your screen.

   The mouse on your desk controls the movement of the mouse pointer on your screen. When you move the mouse pointer on your desk, the mouse pointer on the screen will move as well.

   On top of the mouse, there are button(s). A mouse usually has a right and a left mouse button. When using the Data Collection Form, you will use the left button to insert and to select text.

  2. Clicking - is done when you move the mouse so that the insertion point is in the text box and press the left mouse button. When the left button is pressed the mouse pointer becomes a blinking I-beam.

   Remember: clicking once after entering or selecting data will record the information.

  3. Insertion point - or blinking I-beam, is the starting place for entering data in a text box.

  4. Text box - is a storage unit for data entered by you.

  5. Scrolling - means to move what is displayed on the screen up or down (or left or right). The term is used in the attached instructions in two ways: (1) to prompt you to select from a specific listing of items; and (2) to instruct you that some text boxes may be scrolled in order to accommodate longer text.

4. Grantee Point of Contact. The primary point of contact for grantees is the local HUD

Field Office, Attention: Director, Office of Public Housing or Administrator, Office of Native American Programs.

5. Contact for Additional Information. For additional program information, please contact the Office of Public and Assisted Housing Delivery, Customer Service and Amenities Division at (202) 708-4214.

6. Contact for Questions: If you have questions regarding the Web site or the Data Collection Form, please call 1(800)366-6827.

/s/

_____

Harold Lucas, Assistant Secretary
for Public and Indian Housing

Attachments

ECONOMIC DEVELOPMENT AND SUPPORTIVE SERVICES
PROGRAM DATA COLLECTION INSTRUCTIONS

The information you are inputting into the form should cover not only what has happened during the reporting period but rather everything that has taken place since the beginning of the grant.

Please note: when you are typing text into the form, please do not type in all capital letters. Please use normal capitalization.

PART 1- PHA DATA

Note: The data in this section of the reporting form will be automatically populated by the system's database when you log on.

PART 2 - PHA PROGRAM SUBMISSION TYPE

Program Grant Name:

Place the mouse pointer on the ED/SS Family Category or the ED/SS - Elderly or Disabled Supportive Services Category (whichever applies) click once to select. Note that if you have more than one grant, you have to fill out a separate (but identical) Internet form for each one.

Grant Year:

Place the mouse pointer on the "down arrow" and click once. Use the mouse pointer to scroll to the grant year listed in the award letter. Note that this may be different from the year that HUD actually awarded your housing authority the grant. Click once to select.

Reporting Period:

Place the mouse pointer on the applicable reporting period and click once to select.

Grant Number: Place the mouse pointer on the applicable grant number and click once to select.

PART 3 - PROGRAM INFORMATION

Grant Program Director: The Grant Program Director refers to the person that will be in charge of the overall "day to day" operation of the grant.

Title   Place the mouse pointer on the appropriate title and click once to select.

Grant Program Director First Name: Place the insertion point in the text box, click once and type the Program Director's first name.

Grant Program Director Middle Initial:

Place the insertion point in the text box, click once and type the Program Director's middle initial. If the Program Director does not have a middle initial, just skip this entry and go to the next one.

Grant Program Director's Last Name: Place the insertion point in the text box, click once and type the Program Director's last name.

Grant Program Director's Address: Please use the best address for routing correspondence to the grant administrator. A PO Box address is acceptable. Place the insertion point in the text box, click once and type the Program Director's street number and name.

Grant Program Director's City: Place the insertion point in the text box,

click once and type the City where Program Director's address is located.

Grant Program Director's State: Place the mouse pointer on the "down arrow" and click once. Use the mouse pointer to scroll to the applicable state. Click once to select.

Grant Program Director's Zip Code: Place the insertion point in the text box, click once and type the zip code of Program Director's address. If you know it, you can add the 4 digit extension to the zip code in the box to the right of the dash. If you do not know the extension, leave the extension box blank.

Grant Program Directors Phone Number: Place the insertion point in the text box, click once and type the Program Director's (seven digit) telephone number. (Note: text box will scroll to accommodate the telephone number.)

Does the Program Apply to All Developments in the HA? If your grant program applies to all of the residents in the housing authority and is not focused on specific projects/developments then place the mouse pointer on "Yes" and click once to select. If you have checked "Yes" you should skip the next item.

If the grant program is focused on specific projects or developments, check no here and answer the question below.

If No, Please Select the Developments That the Program Will Affect: If you answered "No" above, please select the projects/developments that the grant program are to serve. You may select more than one. Place the mouse pointer on the "down arrow" to display

all of the developments for your housing authority. Scroll to display more developments if they are not all listed. Click once to highlight the selection. Hold down the "Ctrl" button on the bottom row of your keyboard while you click the left mouse button to select more than one development.

PART 4 - PROGRAM PARTNER INFORMATION

This section prompts data regarding your partnership entities. The following screens can accommodate up to eight (8) partner information entries. You do not have to fill in all eight (8) entries. You are encouraged to input the information on any organizations that are providing significant assistance with your grant program. The following instructions apply to all eight (8) partner information entry prompts.

PARTNER #1

Partner Type: There are the following types or categories for partners: Nonprofit, Resident Association, Local Government Agency, State/Tribal Agency, For Profit Entity, Union, University, Religious/Faith Institution, Other. Nonprofit organizations would include all 501(c) organizations as well as those chartered as nonprofits under local law. Resident Association would include Resident Councils, Resident Management Corporations, Native American Resident Organizations as well as regional and national resident organizations. You should not list routine contractors as partners even though there is a "For Profit" category: this refers to For Profit organizations that are contributing to the grant program either without compensation or at a substantial discount. If a partner does not fall neatly into one of the listed categories, you should select "Other" and then type a brief description in the box

below. To select the partner type, place the mouse pointer on the "down arrow" and click once. Scroll the mouse pointer to the applicable partner type. Click once to select.

If Partner Type is Other, Please Specify:

If you selected other, place the insertion bar in the text box and type in your partner type.

(Partner) Name:

Please list the name of the organization here. Place the insertion bar in the text box, click once and type the partner's name.

Address:

Please type in the organization's address (can be a PO Box). Place the insertion bar in the text box, click once and type the partner's street number and name.

City:

Place the insertion bar in the text box, click once and type in the City where the partner entity's address is located.

State:

Place the mouse pointer on the "down arrow" and click once. Scroll the mouse pointer to the applicable state. Click once to select.

Zip:

Place the insertion bar in the text box, click once, and type the zip code of the partner entity's address. If you know it, you can add the 4 digit extension to the zip code in the box to the right of the dash. If you do not know the extension, leave the extension box blank.

Phone:

Place the insertion bar in the text box, click once and type the partner entity's (seven digit) telephone number and extension.

	(Note: this text box will scroll to accommodate the telephone number.)
Fax Number:	Place the insertion bar in the text box, click once and type the partner entity's (seven digit) fax number.
E-Mail:	Place the insertion bar in the text box, click once and type the partner entity's Internet address. If it does not have an Internet address, please skip to the next item.
Contact Person Title:	Please list the most senior person at the partner organization that would be familiar with the partnership to carry out grant activities. Place the mouse pointer on the appropriate title and click once to select.
Contact Person First Name:	Place the insertion point in the text box, click once and type the contact person's first name.
Contact Person Middle Initial:	Place the insertion point in the text box, click once and type the contact person's middle initial.
Contact Person Last Name:	Place the insertion point in the text box, click once and type the contact person's last name.
Role of Partner:	In this item you will select the most significant role that the partner will play in the partnership. The roles are divided into the following categories of service: Job Training, Job Placement, Educational, Supportive Services Provider, Business Development, Resident Relations, other. The partner organization may play more than one role; if so, you should select "other" and list the roles. The partner may or may

not provide the service that defines its "role" directly but may rather contribute resources that would result in the service being provided.

Job Training is training for residents to enhance their skills. Job Placement consists of services designed to find jobs for residents and to put the resident in the job. Educational activities include programs that are designed to enhance residents' basic skills (not those specifically related to employment). Supportive Service Provider would include those services that help meet the social needs of residents (would not include services related to employment but would include child care, health care, etc.). Business development includes activities designed to increase the number of and the size of resident owned businesses and would include entrepreneurial training. Resident Relations would include activities designed to give residents increased capacity to partner with the housing authority and other organizations as well as the ability to work together to solve problems in the resident community. Place the mouse pointer on the "down arrow" and click once. Use the mouse pointer to scroll to the appropriate category. Click once to select.

If Role of Partner is Other, Please Enter Here:

If you selected other, click once to place the insertion bar in the text box. Type in the role of the partner. Click once to select.

LEVERAGE INFORMATION

Information regarding match must be entered for every partner listed. Donated Services and Donated Items are in-kind services and **must be assigned a dollar value even if the value is "0"**. Each column below should be completed as follows.

Type of Match (Column)   Please list the resources that are to be contributed to the grant program: donated services, donated items and/or donated cash. Services would be contributions of the time and efforts of people in carrying out grant program activities. Donated items would consist of things (i.e. computers, equipment, land, space, etc.) contributed to further the grant program. Cash would include funding that was contributed to the program. Place the mouse pointer on the applicable match type. Click once to select. (Note: you may select one or more match type categories.)

Proposed Amount   List the value of the match to be provided based on the original approved grant program. Place the insertion point in the text box and click once. Type in the proposed dollar amount. This amount is the same amount contained in your funded proposal.

Amount Provided to Date   List here the current value of what has already been contributed to the grant program up to the time of the end of the reporting period. Place the insertion point in the text box and click once. Type in the actual dollar amount provided by the partner entity to date.

When you are done filling out the first Web page, go back to the top and select one of these options:

■ Save as Draft (Without Edit Checks): Allows you to save draft copies of your report without checking for errors and without submitting to HUD.

◼ Save with Edit Checks (Validation): Allows you to save draft copies of your report with a list of error messages that would not be allowed if you were trying to submit to HUD.

◼ Submit: Performs full error validation so that you may not save or submit the report to HUD without passing detailed checks for every blank.

When you have completed all applicable partner information, scroll to the top of this form and click on the **OK** icon in the upper right-hand corner.

At this point, you may be prompted by the system to correct items that it recognizes as incomplete. These are items that you may have skipped over or missed. **Errors will be listed one at a time until they are all eliminated. For instance, if you failed to fill out three blanks that had to be filled in, when you clicked OK you would receive a message that you needed to fill in the first blank (but not the second or third). After you had filled in the first blank and clicked submit again, the system would prompt you to fill in the second blank. The same would happen with the third blank. You will not be allowed to go to the rest of the form to complete it until all of the errors in the first part of the form have been corrected.**

PART 5 - PARTICIPANT INFORMATION

This section prompts your response to a series of programmatic milestones that may be applicable to your program. You must provide a "yes" or "no" response in the column entitled "Check if Applicable". [REMINDER: clicking the mouse pointer once will record the data entered by you.]   Not every milestone will apply to your particular grant program (in many instances, there will only be a few milestones that apply). If you answer "yes" to a specific milestone, you will then need to indicate the current status of that milestone in terms of whether your grant program has started to work on it (in which case you will give the month and year for starting work) and whether you have completed the milestone (in which case you will list the completion month and year). If you have not started work on a milestone you will not complete either the Start - Date or the Completed - Date columns. If you have started but not completed work, simply fill in the Start and Date columns and leave the remainder blank. In many instances you will be asked to list targeted results for a given milestone as well as actual results for a milestone in the last two columns to the right (this does not apply in every instance).

PROGRAM MILESTONES   **COLUMNS**

Conducted Needs Assessment   Check if Applicable

This milestone refers to conducting research and/or a

survey to find out what the needs are that are to be satisfied by the grant program. In many instances the needs assessment may have been started (or even completed) prior to the grant term. Determine if this milestone is applicable to your program. Place the mouse pointer on the "down arrow" and click once. Scroll the mouse pointer to the applicable response. Click once to select.

If you answered no, do not complete the remaining text boxes on this line.

Start
Have you conducted a needs assessment? Place the mouse pointer on the "down arrow" and click once. Scroll the mouse pointer to the applicable response. Click once to select.

Start Date
On what date was the needs assessment conducted? Place the insertion point in the text box and click once. Type the month and year in which you began the needs assessment. (Example: 05/97).

Note: New grantees will have completed the assessment prior to submission of their application, and should include that date here. Older grantees may decide to conduct additional assessments and, therefore, would enter the most recent assessment date here.

Completed
Is the needs assessment complete? Place the mouse pointer on the "down arrow" and click once. Scroll the applicable response. Click once to select.

If you answered no, do not complete the following text box.

Completed Date
If you answered yes, provide the completion date. Place the mouse pointer in the text box and click once. Type the month and year.

Identify Program Participants

Check if Applicable
This milestone refers to figuring out the total number of residents eligible to be served or in fact served by the grant program. This milestone is applicable to all programs. Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response. Click once to select.

Start
Have program participants been identified? Place the mouse pointer on the "down arrow" and click once. Scroll to select the applicable response and click once to select.

Start Date
Provide the date on which program participants were identified. New grantees may provide the number of participants contained in your funded proposal. Place the insertion point in the text box and click once. Enter the start date.

Completed
Is the participant identification process complete? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the following text box.

Completed Date
If you answered yes, provide the completion date of the identification process. Place the insertion point in the text box and click once. Enter the completion date.

Actual Data/List of Participants
Provide the actual number of program participants to date. Place the insertion point in the text box and click once. Enter the number.

Projected Data/List of Participants
Provide the number of participants projected to participate in the program. Note: This number should be the same number contained in your funded proposal. Place the insertion point in the text box and

click once. Enter the number.

Section 8 Participants

Check if Applicable
This milestone refers to the number of Section 8 residents to be served by your grant program. Determine if this milestone is applicable to your program. Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the remaining text boxes on this line.

Start
Are Section 8 residents currently participating in the program? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

Start Date
Provide the date on which they started participation in the program. Place the insertion point in the text box and click once. Enter the start date.

Completed
Have the Section 8 residents completed their participation in the program? Place the mouse pointer on the down arrow and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the following text box.

Completed Date
If you answered yes, provide the completion date. Place the insertion point in the text box and click once. Scroll to the applicable response and click once to select.

Actual Data/List of Participants
Provide the actual number of program participants to date. Place the insertion point in the text box and click once. Enter the number.

Projected Data/List of Participants
Provide the projected number of program participants.
Place the insertion point in the text box and click
once. Note: This number should be the same number
contained in your funded proposal.

TANF Participants

Check if Applicable
This milestone refers to the number of residents to be
served by the grant program that are recipients of aid
under the "Temporary Assistance to Needy Families"
program created through the recent Welfare Reform
legislation. Determine if this milestone is applicable to
your program. Place the mouse pointer on the "down
arrow" and click once. Scroll to the applicable
response and click once to select.

If you answered no, do not complete the remaining text
boxes on this line.

Start
Are TANF recipients participating in the program?
Place the insertion point in the text box and click once.
Scroll to select the applicable response and click once
to select.

Start Date
Provide the date on which TANF recipients started
participation in the program. Place the insertion point
in the text box and click once. Scroll to the applicable
response and click once to select.

Completed
Have the TANF residents completed their participation
in the program? Place the insertion point in the text
box and click once. Scroll to the applicable response
and click once to select.

If you answered no, do not complete the following text
box.

Completed Date
If you answered yes, provide the completion date.
Place the insertion point in the text box and click once.
Enter the date.

Actual Data/List of Participants
Provide the actual number of TANF program participants to date. Place the insertion point in the text box and click once. Enter the number.

Projected Data/List of Participants
Provide the projected number of program participants. Place the insertion point in the text box and click once. Note: This number should be the same number contained in your funded proposal.

Available Community Facility

Check if Applicable
Determine if this milestone is applicable to your program. Select yes if your organization intends to make a community facility available to the program. Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the remaining text boxes on this line.

Start
Has the program begun to take the steps necessary to make the community facility available? These would include any reconfiguration or renovation needed to make the community facility usable. Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response. Click once to select.

Start Date
Provide the date that your organization began to take the steps necessary to make the community facility available. Place the insertion point in the text box and click once. Enter the completion date.

Completed
Has your program completed the steps necessary to make the community facility available for use? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

14

If you answered no, do not complete the following text box.

Competed Date
If you answered yes, provide the completion date. Place the insertion point in the text box and click once. Enter the date.

Renovation

Check if Applicable
Determine if this milestone is applicable to your program. Select yes if you are conducting or you plan to conduct renovation of a facility (or space) for use by the program? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If your answer is no, do not complete the remaining text boxes on this line.

Start
Has renovation of a facility (or space) started? Or will the renovation start within the next six months? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

Start Date
On what date did (or will) renovation begin? Place the insertion point in the text box and click once. Enter the date.

Completed
Is the renovation of the facility completed? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the following text box.

Completed Date
If you answered yes, provide the completion date. Place the insertion point in the text box and click once.

15

Enter the date.

Conversion

Check if Applicable
Determine if this milestone is applicable to you. Select yes if you are currently converting or plan to convert a facility (or space) for use by the program. Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If your answer is no, disregard the remaining text boxes on this line.

Start
Have you started conversion of a facility? or Do you plan to start conversion within six months.? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

Start Date
On what date did (or will) the conversion begin? Place the insertion point in the text box and click once. Enter the date.

Completed
Is the conversion of the facility complete? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the following text box.

Completed Date
If you answered yes, provide the completion date. Place the insertion point in the text box and click once. Enter the date.

Construction

Check if Applicable
Determine if this milestone is applicable to your program. Select yes, if you are currently constructing or plan to construct a facility for use by the program.

Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If your answer is no, disregard the remaining text boxes on this line.

Start
Has construction of the facility started? Or will construction begin within the next six months? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

Start Date
On what date did (or will) construction start. Place the insertion point in the text box and click once. Enter the date.

Completed
Is the construction of the facility complete? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the following text box.

Completed Date
If you answered yes, provide the completion date. Place the insertion point in the text box and click once. Enter the date.

Coordinated with Local Welfare Office

Check if Applicable
Determine if this milestone is applicable to you program. Select yes if your program requires that you coordinate efforts with your local Welfare Office? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the remaining text boxes on this line.

Start

Have you started coordination efforts with your local Welfare Office? Or, do you have a meeting scheduled within the next six months? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

Start Date

Enter the date that you began to coordinate with the local welfare office. Place the insertion point in the text box and click once. Enter the date.

Completed

Are efforts/initiatives with your local Welfare Office complete? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the following text box.

Completed Date

If you answered yes, provide the completion date. Place the insertion point in the text box and click once. Enter the date.

Establish Revolving Loan Fund

Check if Applicable

Determine if this milestone is applicable to your program. Select yes if your program has now, or will have a revolving loan fund program. Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If your answer is no, do not complete the remaining text boxes on this line.

Start

Has your revolving loan program started? Or, will the program start within six months? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

Start Date
On what date did (or will) the loan fund begin. Place the insertion point in the text box and click once. Enter the date.

Completed
Have you completed loan fund activities? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the following text box.

Completed Date
If you answered yes, provide a completion date. Place the insertion point in the text box and click once. Enter the date.

Actual Capitalization Funds Available
Provide the actual amount of funds used to capitalize the loan fund to date. Place the insertion point in the text box and click once. Enter the dollar amount.

Projected Capitalization Funds Available
Enter the amount of funds projected to capitalize the loan fund. This amount should be the same amount contained in the funded proposal. Place the insertion point in the text box and click once. Enter the dollar amount.

Establish Credit Union

Check if Applicable
Determine if this milestone is applicable to your program. Select yes if you have now, or will establish, a credit union. Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the remaining text boxes on this line.

Start
Have you begun to set up your credit union? Place the mouse pointer on the "down arrow" and click once.

Scroll to the applicable response and click once to select.

Start Date
On what date did you begin to set up the credit union? Place the insertion point in the text box and click once. Enter the date.

Completed
Is the credit union in operation? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the following text box.

Completed Date
If you answered yes, provide the date that the credit union was put in operation. Place the insertion point in the text box and click once. Enter the date.

Actual Capitalization Funds Available
Provide the actual amount of funds used to capitalize the credit union to date. Place the insertion point in the text box and click once. Enter the dollar amount.

Projected Capitalization Funds Available
Provide the total amount of funds projected to capitalize the credit union. This number should be the same number provided in your funded grant proposal. Place the insertion point in the text box and click once. Enter the dollar amount.

Hire Job Developer   **Check if Applicable**
Determine if this milestone is applicable to your program. Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once.

If you answered no, do not complete the remaining text boxes on this line.

Start
Do you currently have, or plan to hire in the future,

one or more job developers? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

Start Date
On what date did you begin to hire job developers? Or, on what date will you begin hiring job developers? Place the insertion point in the text box and enter the hire date. Click once to select.

Completed
Have you finished hiring all of the job developers you expect to include in your program.? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the following text box.

Completed Date
If you answered yes, provide the completion date. Place the insertion point in the text box and click once. Enter the date.

List # Actual Hired
Provide the actual number of job developers hired to date. Place the insertion point in the text box and click once. Enter the number.

List # Projected Hired
Provide the number of job developers that were projected (for hire) in your funded application. Place the insertion point in the text box and click once. Enter the number.

Hire Service Coordinator(s)   **Check if Applicable**
Determine if this milestone is applicable to your program. Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the remaining text boxes on this line.

Start

Do you currently have (or plan to hire) service coordinator(s)/case manager(s) within the next six months? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

Start Date

On what date was the service coordinator(s)/case manager(s) hired? Or, on what date will the service coordinators be hired? Place the insertion point in the text box and click once. Enter the date.

Completed

Have you completed hiring the service coordinator(s)/case manager(s) you intended to hire to provide services to the program? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the following text box.

Completed Date

If you answered yes, provide the completion date. Place the insertion point in the text box and click once. Enter the date.

List # Actual Hired

Provide the actual number of service coordinator(s)/case manager(s) hired to date. Place the insertion point in the text box and click once. Enter the number.

List # Projected Hired

Provide the number of service coordinator(s) that were projected in your funded application. Place the insertion point in the text box and click once. Enter the number.

Conduct Job Training Program

Check if Applicable

Determine if this milestone is applicable to your program. This applies if job training is part of your

grant program. Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered is no, do not complete the remaining text boxes on this line.

Start
Has your job training program started? Or, will you start a job training program within six months? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

Start Date
On what date did (or will) the job training program begin? Place the insertion point in the text box and click once. Enter the date.

Completed
Has your program completed its job training activities? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

Completed Date
Provide the date on which job training program activities were completed. Place the insertion point in the text box and click once. Enter the date.

List # Actual Trained
Provide the actual number of participants trained in your job training program. Place the insertion point in the text box and click once. Enter the number.

List # Projected Trained
Provide the number of participants projected to be trained in the program. This number should be the same number contained in your funded proposal. Place the insertion point in the text box and click once. Enter the number.

Conduct Job Placement Program   **Check if Applicable**

Determine if this milestone is applicable to your program. This milestone applies to your program if the program includes activities designed to place participants in jobs (regardless of whether the program involves job training). Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the remaining text boxes on this line.

Start
Has your job placement program started? Or, will your program start within the next six months? Place the mouse pointer on the "down arrow" and click once. Select the applicable response and click once to select.

Start Date
On what date did (or will) job placement activities begin? Place the insertion point in the text box and click once. Scroll to the applicable response and click once to select.

Completed
Have you completed all job placement activities? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the following text box.

Completed Date
If you answered yes, provide the completion date. Place the insertion in the text box and click once. Scroll to the applicable response and click once to select.

List # Actual Trained
Provide the actual number of participants placed to date. Place the insertion point in the text box and click once. Enter the number.

List # Projected Trained
Provide the projected number of participants for job

placement. This number should be the same number contained in your funded proposal. Place the insertion point in the text box and click once. Enter the number.

Conduct Micro Enterprise Training

Check if Applicable
Determine is this milestone is applicable to your program. Micro Enterprises are small resident owned businesses. This milestone applies if your program includes training for residents that intend to start and operate their own businesses. Place the mouse pointer on the "down arrow" and click once. Scroll to select response and click once to make selection.

If your answer is no, disregard the remaining text boxes on this line.

Start
Has your program started the micro-enterprise training activities? Or will you start activities within the next six months? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

Start Date
On what date did (or will) the micro-enterprise training activities begin? Place the insertion point in the text box and click once. Enter the date.

Completed
Are the micro-enterprise training activities complete? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the following text box.

Completed Date
If you answered yes, provide the completion date. Place the insertion point in the text box and click once. Enter the date.

List # Actual Trained

Provide the actual number of micro-enterprise training program participants. Place the insertion point in the text box and click once. Enter the number.

List # Projected Trained
Provide the number of participants projected to receive micro-enterprise training. This number should be the same number contained in your funded proposal. Place the insertion point in the text box and click once. Enter the number.

Negotiate Agreement with Union

Check if Applicable
Determine if this milestone is applicable to your program. This milestone would apply if your program included a joint program with a union designed to improve resident job skills or place them in jobs. An example of this would be an apprenticeship program. Place the mouse pointer on the "down arrow" and click once. Scroll to applicable response and click once to select.

If you answered no, do not complete the remaining text boxes on this line.

Start
Have you started negotiations with a union pertaining to partnership activities under the program? Or, will negotiations start within the next six months? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

Start Date
On what date did (or will) negotiations start? Place the insertion point in the text box and click once. Enter the date.

Completed
Are union negotiations complete? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the following text

box.

Completed Date
If you answered yes, provide the completion date.
Place the insertion point in the text box and click once.
Enter the date.

Child Care Service

Check if Applicable
Determine if this milestone is applicable to your
program. Place the mouse pointer on the "down
arrow" and click once. Scroll to the applicable
response and click once to select.

If you answered no, do not complete the remaining text
boxes on this line.

Start
Have child care services started? Or, will they start
within six months? Place the mouse pointer on the
"down arrow" and click once. Scroll to the applicable
response and click once to select.

Start Date
On what date did (or will) child care services begin?
Place the insertion point in the text box and click once.
Enter the date.

Completed
Are child care services complete? Place the mouse
pointer on the "down arrow" and click once. Scroll to
the applicable response and click once to select.

If you answered no, do not complete the following text
box.

Completed Date
If you answered yes, provide the completion date.
Place the insertion point in the text box and click once.
Enter the date.

# of Actual Participants
Provide the actual number of children that are
currently receiving child care services. Place the
insertion point in the text box and click once. Enter

the number.

# of Projected Participants
Provide the number of children projected to receive child care services. This number should be the same number contained in your funded proposal. Place the insertion point in the text box and click once. Enter the number.

Computer Skills Training Check if Applicable
Determine if this milestone is applicable to your program. This milestone would include training for program participants designed to increase their computer skills to become more employable. Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the remaining text boxes on this line.

Start
Have computer skills training started? Or, will training start within the next six months? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

Start Date
On what date did (or will) the computer skills training activities begin? Place the insertion point in the text box and click once. Enter the start.

Completed
Is the training complete? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the following text box.

Completed Date
If you answered yes, provide the completion date. Place the insertion point in the text box and click once. Enter the date.

# of Actual Participants
Provide the actual number of computer skills training program participants. Place the insertion point in the text box and click once. Enter the number.

# of Projected Participants
Provide the number of participants projected to receive computer skills training. This number should be the same number contained in your funded proposal. Place the insertion point in the text box and click once. Enter the number.

GED   **Check if Applicable**
Determine if this milestone is applicable to your program. This milestone refers to training programs to obtain a high school "graduate equivalency diploma" (GED). Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the remaining text boxes on this line.

Start
Have you started a GED program? Or, do you plan to start a GED program within the next six months? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

Start Date
On what date did (or will) the GED program begin? Place the insertion point in the text box and click once. Enter the date.

Completed
Is the GED program complete? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the following text box.

Completed Date
If you answered yes, provide the completion date.
Place the insertion point in the text box and click once.
 Enter the date.

# of Actual Participants
Provide the actual number of GED program
participants. Place the insertion point in the text box
and click once. Enter the number.

# of Projected Participants
Provide the number of persons projected to participate
in a GED program. This number should be the same
number contained in your funded proposal. Place the
insertion point in the text box and click once. Enter the
number.

Secondary Education

Check if Applicable
Determine if this milestone is applicable to your
program. Place the mouse pointer on the "down
arrow" and click once. Scroll to the applicable
response and click once to select.

If you answered no, do not complete the remaining text
boxes on this line.

Start
Does your program currently provide secondary
education activities? Or, will your program provide
the activities within the next six months? Place the
mouse pointer on the "down arrow" and click once.
Scroll to the applicable response and click once to
select.

Start Date
On what date did (or will) the activities begin? Place
the insertion point in the text box and click once.
Enter the date.

Completed
Are the secondary education activities complete?
Place the mouse pointer on the "down arrow" and click
once. Scroll to the applicable response and click once
to select.

If you answered no, do not complete the following text box.

Completed Date
If you answered yes, provide the completion date. Place the insertion point in the text box and click once. Enter the date.

# of Actual Participants
Provide the actual number of persons currently participating in secondary education activities. Place the insertion point in the text box and click once. Enter the number.

# of Projected Participants
Provide the number of persons projected to participate in secondary education activities. This number should be the same number contained in your funded proposal. Place the mouse pointer in the insertion box and click once. Enter the number.

Post-Secondary Education

Check if Applicable
Determine if this milestone is applicable to your program. Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the remaining text boxes on this line.

Start
Does your program provide post-secondary education activities? Or, will the activities be provided within the next six months? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

Start Date
On what date did (or will) the activities begin? Place the insertion point in the text box and click once. Enter the date.

Completed

Are the post-secondary education activities complete?
Place the mouse pointer on the "down arrow" and click
once. Scroll to the applicable response and click once
to select.

If you answered no, do not complete the following text
box.

Completed Date
If you answered yes, provide the completion date.
Place the insertion point in the text box and click once.
Enter the date.

# of Actual Participants
Provide the actual number of persons currently
participating in post-secondary education activities.
Place the insertion point in the text box and click once.
Enter the number.

# of Projected Participants
Provide the number of persons projected to participate
in post-secondary education activities. This number
should be the same number contained in your funded
proposal. Place the mouse pointer in the insertion box
and click once. Enter the number.

Transportation

Check if Applicable
Determine if this milestone is applicable to your
program. This milestone would apply if your program
will include transportation services. These services
might include either reverse commute services that
provide transportation to job locations or transportation
services that assist the elderly or persons with
disabilities to be able to get to supportive service
locations. Place the mouse pointer on the "down
arrow" and click once. Scroll to the applicable
response and click once to select.

If you answered no, do not complete the remaining text
boxes on this line.

Start
Does your program currently provide transportation
services? Or, will your program provide the services

within the next six months? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

Start Date
On what date did (or will) the transportation services begin? Place the insertion point in the text box and click once. Enter the date.

Completed
Are the transportation services complete? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the following text box.

Completed Date
If you answered yes, provide the completion date. Place the insertion point in the text box and click once. Enter the date.

# of Actual Participants
Provide the actual number of persons receiving transportation services under the program. You should not double count people that take multiple trips. If one person takes one trip and another takes 5 trips, there are two actual participants. Place the insertion point in the text box and click once. Enter the number.

# of Projected Participants
Provide the number of persons projected to receive transportation services under the program. This number should be the same number contained in your funded proposal. Place the mouse pointer in the insertion box and click once. Enter the number.

Youth Education/Tutoring   **Check if Applicable**
Determine if this milestone is applicable to your program. Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the remaining text boxes on this line.

Start
Does your program currently provide youth education/tutoring activities? Or, will the activities start within the next six months? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

Start Date
On what date did (or will) the education/tutoring activities begin? Place the insertion point in the text box and click once. Enter the date.

Completed
Are the education/tutoring activities complete? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the following text box.

Completed date
If you answered yes, provide the completion date. Place the insertion point in the text box and click once. Enter the date.

# of Actual Participants
Provide the actual number of youth participating in education/tutoring activities. Place the insertion point in the text box and click once. Enter the number.

# of Projected Participants
Provide the number of youth projected to participate in the education/tutoring activities. This number should be the same number contained in your funded proposal. Place the mouse pointer in the insertion box and click once. Enter the number.

**Youth Recreational/
   Cultural Activities**

Check if Applicable
Determine if this milestone is applicable to your

program. Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the remaining text boxes on this line.

Start
Has your program started youth oriented recreational/cultural activities. Or, will the activities start within the next six months? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

Start Date
On what date did (or will) the recreational/cultural activities begin? Place the insertion point in the text box and click once. Enter the date.

Completed
Are the recreational/cultural activities complete? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the following text box.

Completed Date
If you answered yes, provide the completion date. Place the insertion point in the text box and click once. Enter the date.

# of Actual Participants
Provide the actual number of youth participating in recreational/cultural activities. Do not double count. If one person participates in one recreational/cultural activity and another participates in 5 activities, there are two actual participants. Place the insertion point in the text box and click once. Enter the number.

# of Projected Participants
Provide the number of youth projected to participate in the recreational/cultural activities. This number should be the same number contained in your funded

proposal. Place the mouse pointer in the insertion box and click once. Enter the number.

Youth Mentoring

Check if Applicable

Determine if this milestone is applicable to your program. Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the remaining text boxes on this line.

Start

Has your program started a youth mentoring program? Or, will it start a mentoring program within the next six months? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

Start Date

On what date did (or will) the youth mentoring program start? Place the insertion point in the text box and click once. Enter the date.

Completed

Are the youth mentoring activities complete? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the following text box.

Completed Date

If you answered yes, provide the completion date. Place the insertion point in the text box and click once. Enter the date.

# of Actual Participants

Provide the actual number of youth served by the youth mentoring program. Do not double count. If one person participates in one mentoring activity and another participates in 5 activities, there are two actual participants. Place the insertion point in the text box

and click once. Enter the number.

# of Projected Participants
Provide the number of youth projected to be served by the youth mentoring program. This number should be the same number contained in your funded proposal. Place the mouse pointer in the insertion box and click once. Enter the number.

Parenting/Family Support Programs

Check if Applicable
Determine if this milestone is applicable to your program. Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the remaining text boxes on this line.

Start
Have parenting/family support programs started? Or, will the programs start within the next six months? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

Start Date
On what date did (or will) the parenting/family support program(s) start? Place the insertion point in the text box and click once. Enter the date.

Completed
Are the programs complete? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the following text box.

Completed Date
If you answered yes, provide the completion date. Place the insertion point in the text box and click once. Enter the date.

# of Actual Participants

Provide the actual number of persons currently participating in the parenting/family support programs. Do not double count. If one person participates in one parenting/family support activity and another participates in 5 activities, there are two actual participants. Place the insertion point in the text box and click once. Enter the number.

# of Projected Participants
Provide the number of persons projected to participate in the parenting/family support programs. This number should be the same number contained in your funded proposal. Place the mouse pointer in the text box and click once. Enter the number.

Substance Abuse Counseling/ Treatment

Check if Applicable
Determine if this milestone is applicable to your program. Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the remaining text boxes on this line.

Start
Have you started a substance abuse counseling/treatment program(s)? Or, will you start a program within the next six months? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

Start Date
On what date did (or will) the substance abuse counseling/treatment program(s) start? Place the insertion point in the text box and click once. Enter the date.

Completed
Are the programs complete? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to make select.

If you answered no, do not complete the following text box.

Completed Date

If you answered yes, provide the completion date. Place the insertion point in the text box and click once. Enter the date.

# of Actual Participants

Provide the actual number of persons currently participating in the substance abuse counseling/treatment programs. Do not double count. If one person participates in one substance abuse activity and another participates in 5 activities, there are two actual participants. Place the insertion point in the text box and click once. Enter the number.

# of Projected Participants

Provide the number of persons projected to participate in the substance abuse counseling/treatment programs. This number should be the same number contained in your funded proposal. Place the mouse pointer in the text box and click once. Enter the number.

Resident Anti-Crime Patrols

Check if Applicable

Determine if this milestone is applicable to your program. Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the remaining text boxes on this line.

Start

Have resident anti-crime patrols started? Or, will patrols start within the next six months? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

Start Date

On what date did (or will) the anti-crime patrol efforts start? Place the insertion point in the text box and click once. Enter the date.

Completed

Are the anti-crime efforts complete? Place the mouse pointer on the "down arrow" and click once. Scroll to applicable response and click once to select.

If you answered no, do not complete the following text box.

Completed Date
If you answered yes, provide the completion date. Place the insertion point in the text box and click once. Enter the date.

# of Actual Participants
Provide the actual number of residents currently participating in anti-crime patrols. Do not double count. If one person participates in one anti-crime activity and another participates in 5 activities, there are two actual participants. Place the insertion point in the text box and click once. Enter the number.

# of Projected Participants
Provide the number of persons projected to participate in the anti-crime patrols. This number should be the same number contained in your funded proposal. Place the mouse pointer in the text box and click once. Enter the number.

Neighborhood Watch Programs

Check if applicable
Determine if this milestone is applicable to your program. Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, disregard the remaining text boxes on this line.

Start
Have neighborhood watch programs started? Or, will the programs start within the next six months? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

Start Date

On what date did (or will) the neighborhood watch programs start? Place the insertion point in the text box and click once. Enter the date.

Completed
Are the neighborhood watch efforts complete? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the following text box.

Completed Date
If you answered yes, provide the completion date. Place the insertion point in the text box and click once. Enter the date.

# of Actual Participants
Provide the actual number of residents currently participating in neighborhood watch programs. Do not double count. If one person participates in one neighborhood watch activity and another participates in 5 activities, there are two actual participants. Place the insertion point in the text box and click once. Enter the number.

# of Projected Participants
Provide the number of persons projected to participate in the neighborhood watch programs. This number should be the same number contained in your funded proposal. Place the mouse pointer in the text box and click once. Enter the number.

Health

Check if Applicable
Determine if this milestone is applicable to your program. This milestone would include programs designed to enhance the health of the elderly or persons with disabilities. Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the remaining text boxes on this line.

Start

Have Health care services started? Or, will services start within the next six months? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

Start Date

On what date did (or will) health care services start? Place the insertion point in the text box and click once. Enter the date.

Completed

Are health care services complete? Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click to select.

If you answered no, do not complete the following text box.

Completed Date

If you answered yes, provide the completion date. Place the insertion point in the text box and click once. Enter the date.

# of Actual Participants

Provide the actual number of program participants that are currently receiving health care services. Do not double count. If one person participates in one health related activity and another participates in 5 activities, there are two actual participants. Place the insertion point in the text box and click once. Enter the number.

# of Projected Participants

Provide the number of participants projected to receive health care services. This number should be the same number contained in your funded proposal. Place the insertion point in the text box and click once. Enter the number.

Other   **Please specify here a program milestone not listed above. There may be important aspects of your grant program that were not included in the above listed milestones. If that is the case, you are**

strongly encouraged to list them here and to describe their current status in the narrative space at the end of the form.

PART 6 - RESIDENT EMPLOYMENT

This section provides a specific listing of resident jobs. You will be prompted for data regarding the number of and the age group designation of residents currently employed (or will be employed) through your program. You should record information about resident jobs regardless of whether they are with the housing authority or with other employers in this section (in other words both jobs with the housing authority and those with employers outside of the housing authority count here).

**Total Number of Residents
  Employed**   Enter the total number of all residents hired to date.

**TYPES OF RESIDENT   COLUMNS
  JOBS**

Construction   **Check if Applicable**
                                      Determine if this job type is applicable to your
                                      program. Place the mouse pointer on the "down
                                      arrow" and click once. Scroll to the applicable
                                      response and click once to select.

                                      If you answered no, do not complete the remaining text
                                      boxes on this line.

                                      Trained by the Program
                                      How many residents have been trainedin the
                                      construction field? Place the insertion point in the text
                                      box and click once. Enter the number.

                                      Placed by the Program
                                      How many residents have been placed in construction
                                      jobs through the program? Place the insertion point in
                                      the text box and click once. Enter the number.

                                      TANF Recipients

How many TANF residents are employed in the construction field? Place the insertion point in the text box and click once. Enter the number and click once to record data.

Employed by the HA
How many residents are employed in the construction field by the Housing Authority? Place the insertion point in the text box and click once. Enter the number.

Y=Youth, A=Adult, YA=Combined (Youth/Adult)
Place the mouse pointer on the "down arrow" and click once. Scroll to select the applicable age group designation of the residents employed in the construction field.

Resident Employment
Enter the number of residents applicable to the number of days employed in the field of construction as follows: 30 days, 60 days, 90 days, 6 months, 1 year.

Lawn Service/Landscaping

Check if Applicable
Determine if this job type is applicable to your program. Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the remaining text boxes on this line.

.

If you answered no, do not complete the remaining text boxes on this line.

Trained by the Program
How many residents have been trained in the field of lawn service/landscaping within the next six months? Place the insertion point in the text box and click once. Enter the number.

Placed by the Program
How many residents have been placed in lawn

service/landscaping jobs through the program? Place the insertion point in the text box and click once. Enter the number.

TANF Recipients
How many TANF residents are employed in the lawn service/landscaping field? Place the insertion point in the text box and click once. Enter the number.

Employed by the HA
How many residents are employed in the field of lawn service/landscaping by the Housing Authority? Place the insertion point in the text box and click once. Enter the number.

Y=Youth, A=Adult, YA=Combined (Youth/Adult)
Place the mouse pointer on the "down arrow" and click once. Scroll to select the applicable age group designation of the residents employed in the lawn service/landscaping field.

Resident Employment
Enter the number of residents applicable to the number of days employed in lawn service/landscaping as follows: 30 days, 60 days, 90 days, 6 months, 1 year.

Property Management

Trained by the Program
How many residents have been trained in property management within the next six months? Place the insertion point in the text box and click once. Enter the number.

Placed by the Program
How many residents have been placed in property management positions through the program? Place the insertion point in the text box and click once. Enter the number.

TANF Recipients
How many TANF residents are employed in property management positions. Place the insertion point in the text box and click once. Enter the number.

Employed by the HA
How many residents are employed in property management positions by the Housing Authority. Place the insertion point in the text box and click once. Enter the number.

Y=Youth, A=Adult, YA=Combined (Youth/Adult)
Place the mouse pointer on the "down arrow" and click once. Scroll to select the applicable age group designation of the residents employed in property management positions.

Resident Employment
Enter the number of residents applicable to the number of days employed in the property management field as follows: 30 days, 60 days, 90 days, 6 months, 1 year.

Clerical

Check if Applicable
Determine if this job type is applicable to your program. Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the remaining text boxes on this line.

Trained by the Program
How many residents have been trained in the clerical field? Place the insertion point in the text box and click once. Enter the number.

Placed by the Program
How many residents have been placed in clerical positions through the program? Place the insertion point in the text box and click once. Enter the number.

TANF Recipients
How many TANF residents are employed in clerical positions. Place the insertion point in the text box and click once. Enter the number.

Employed by the HA
How many residents are employed in clerical positions by the Housing Authority? Place the insertion point in the text box and click once. Enter the number.

Y=Youth, A=Adult, YA=Combined (Youth/Adult)
Place the mouse pointer on the "down arrow" and click once. Scroll to select the applicable age group designation of the residents employed in clerical positions.

Resident Employment
Enter the number of residents applicable to the number of days employed in the clerical field as follows: 30 days, 60 days, 90 days, 6 months, 1 year.

Painting

Check if Applicable
Determine if this job type is applicable to your program. Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the remaining text boxes on this line.

Trained by the Program
How many residents have been trained in painter positions? Place the insertion point in the text box and click once. Enter the number

Placed by the Program
How many residents have been placed in painter positions through the program? Place the insertion point in the text box and click once. Enter the number.

TANF Recipients
How many TANF residents are employed in painter positions? Place the insertion point in the text box and click once. Enter the number.

Employed by the HA
How many residents are employed in painter positions by the Housing Authority? Place the insertion point in the text box and click once. Enter the number.

Y=Youth, A=Adult, YA=Combined (Youth/Adult)
Place the mouse pointer on the "down arrow" and click once. Scroll to select the applicable age group designation of the residents employed in painter positions.

Resident Employment
Enter the number of residents applicable to the number of days employed in painter positions as follows: 30 days, 60 days, 90 days, 6 months, 1 year.

Day Care Worker

Check if Applicable
Determine if this job type is applicable to your program. Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the remaining text boxes on this line.

Trained by the Program
How many residents have been trained in day care worker positions? Place the insertion point in the text box and click once. Enter the number.

Placed by the Program
How many residents have been placed in day care worker positions through the program? Place the insertion point in the text box and click once. Enter the number.

TANF Recipients
How many TANF residents are employed in day care worker positions. Place the insertion point in the text box and click once. Enter the number.

Employed by the HA
How many residents are employed in day care worker positions by the Housing Authority? Place the insertion point in the text box and click once. Enter the number.

Y=Youth, A=Adult, YA=Combined (Youth/Adult)
Place the mouse pointer on the "down arrow" and click once. Scroll to select the applicable age group designation of the residents employed in day care worker positions.

Resident Employment
Enter the number of residents applicable to the number of days employed in day care worker positions as follows: 30 days, 60 days, 90 days, 6 months, 1 year.

Manufacturing

Check if Applicable
Determine if this job type is applicable to your program. Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the remaining text boxes on this line.

Trained by the Program
How many residents have been trained in manufacturing positions? Place the insertion point in the text box and click once. Enter the number.

Placed by the Program
How many residents have been placed in manufacturing positions through the program? Place the insertion point in the text box and click once. Enter the number.

TANF Recipients
How many TANF recipients are employed in manufacturing positions? Place the insertion point in the text box and click once. Enter the number.

Employed by the HA
How many residents are employed in manufacturing positions by the Housing Authority? Place the insertion point in the text box and click once. Enter the number.

Y=Youth, A=Adult, YA=Combined (Youth/Adult)
Place the mouse pointer on the "down arrow" and click once. Scroll to select the applicable age group designation of the residents employed in manufacturing positions.

Resident Employment
Enter the number residents applicable to the number o days employed in manufacturing positions as follows: 30 days, 60 days, 90 days, 6 months, 1 month.

Service Industry

Check if Applicable
Determine if this job type is applicable to your program. Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the remaining text boxes on this line.

Trained by the Program
How many residents have been trained in the service industry? Place the insertion point in the text box and click once. Enter the number.

Placed by the Program
How many residents have been placed in service industry positions through the program? Place the insertion point in the text box and click once. Enter the number.

TANF Recipients
How many TANF residents are employed in service industry positions? Place the insertion point in the text box and click once. Enter the number.

Employed by the HA
How many residents are employed in service industry positions by the Housing Authority? Place the insertion point in the text box and click once. Enter the number.

Y=Youth, A=Adult, YA=Combined (Youth/Adult)
Place the mouse pointer on the "down arrow" and click once. Scroll to select the applicable age group designation of the residents employed in service industry positions.

Resident Employment
Enter the number of residents applicable to the number of days employed in the service industry as follows: 30 days, 60 days, 90 days, 6 months, 1 year.

Health Care

Check if Applicable
Determine if this job type is applicable to your program. Place the mouse pointer on the "down arrow" and click once. Scroll to the applicable response and click once to select.

If you answered no, do not complete the remaining text boxes on this line.

Trained by the Program
How many residents have been trained in the health care field? Place the insertion point in the text box and click once. Enter the number.

Placed by the Program
How many residents have been placed in positions in the health care industry through the program? Place the insertion point in the text box and click once. Enter the number.

TANF Recipients
How many TANF residents are employed in health care positions? Place the insertion point in the text box and click once. Enter the number.

Employed by the HA
How many residents are employed in health care positions by the Housing Authority? Place the insertion point in the text box and click once. Enter the number.

Y=Youth, A=Adult, YA=Combined

(Youth/Adult)
Place the mouse pointer on the "down arrow" and click once. Scroll to select the applicable age group designation of the residents employed in health care positions.

Resident Employment
Enter the number of residents applicable to the number of days employed in health care positions as follows: 30 days, 60 days, 90 days, 6 months, 1 year.

Other   **Please specify here a job type not listed above if there is a significant job type that has been overlooked.**

PART 7A - ALL RESIDENT OWNED BUSINESSES

This section provides a specific listing of the types of resident-owned businesses. You will be prompted for data regarding the number of businesses to date. This refers to both resident owned business contracts with the housing authority and those with organizations other than the housing authority (both count here). The section below, 7B, will focus on just contracts with the housing authority.

For each resident-owned business type listed (in the left column), you are asked to provide data pertaining to items listed (in the right column).

RESIDENT OWNED BUSINESSES   COLUMNS

Construction   Check if Applicable
Lawn Service/Landscaping   Determine if each business type is applicable to your
Property Maintenance   program. Place the mouse pointer on the "down
Clerical   arrow" and click once. Scroll to select the
Painting   applicable response and click once to make selection.
Day Care
Manufacturing
Service Industry
Health Care
Store
Laundromat

When you answer no (that a specific business type is

not applicable to your program, do not complete the remaining text boxes on the line pertaining to that business type.

Total Number of Contracts
Provide the current number of resident-owned company contracts. Count each contract separatly. Place the insertion point in the text box and click once. Enter the number.

Total Projected Number of Contracts
Enter the number of resident-owned business contracts that are projected to occur as a result of your grant program. Place the insertion point in the text box and click once. Enter the number.

$0-$10,000, $10,001-$25,000, $25,001-$100,000, $100,001 or more
Place the insertion point in the applicable text box and click once. This refers only to actual contracts and not projected ones. Enter the number of resident-owned contracts applicable to each dollar amount column. For instance, if your program included two resident owned businesses: the first got a $6,000 landscaping contract with the housing authority as well as a $22,000 contract with the city; the second business obtained a $8,000 contract with the housing authority to paint buildings. You would put the number 2 in under the $0-$10,000 column and one in under the $10,000-$25,000 column.

PART 7B - HA CONTRACTS WITH RESIDENT-OWNED BUSINESSES

This section prompts you for information regarding specific types of contracts that the housing authoritymay currently (or will) have with resident-owned businesses.

For each contract type listed (in the left column), you are asked to provide data pertaining to the items listed (in the right column).

TYPES OF CONTRACTS   COLUMNS

Construction   **Check if Applicable**
Lawn Service/Landscaping
Property Maintenance
Clerical
Painting
Day Care
Manufacturing
Service Industry
Health Care
Store
Laundromat

Determine if each contract type is applicable to your program. Place the mouse pointer on the "down arrow" and click once. Scroll to select the applicable response and click once to make selection.

When you answer no (that a specific contract type is not applicable to your program, do not complete the remaining text boxes on the line pertaining to that contract type.

Total Number of Contracts with HA
Enter the number of contracts that the Housing Authority currently has with resident-owned businesses. Place the insertion point in the text box and click once. Enter the number.

Total Projected Number of Contracts with HA
Enter the number of contracts projected (or anticipated) with resident-owned businesses within one year. Place the insertion point in the text box and click once. Enter the number.

$0-$10,000, $10,001-$25,000, $25,001-$100,000, $100,001 or more
Place the insertion point in the applicable text box and click once. This refers only to actual contracts and not projected ones. Enter the number of contracts applicable to each dollar amount column. For instance, if your program included two resident owned businesses: the first got a $6,000 landscaping contract with the housing authority as well as a $22,000 contract with the city; the second business obtained a $8,000 contract with the housing authority to paint buildings. You would put the number 2 in under the $0-$10,000 column and one in under the $10,000-$25,000 column.

GENERAL REMARKS ABOUT YOUR PROGRAM

You are strongly encouraged to use the comment box to describe your grant process and program status.

When you have completed the form, select one of these options:

- Save as Draft (Without Edit Checks): Allows you to save draft copies of your report without checking for errors and without submitting to HUD.

- Save with Edit Checks (Validation): Allows you to save draft copies of your report with a list of error messages that would not be allowed if you were trying to submit to HUD

- Submit: Performs full error validation so that you may not save or submit the report to HUD without passing detailed checks for every blank.

When you have completed entering all of your data, click on the **OK** icon in the upper right-hand corner. At this point, you may be prompted by the system to correct items that it recognizes as incomplete. These are items that you may have skipped over or missed.